

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/25/03.

I. DISPUTE

Whether reimbursement is recommended for CPT code 95851 for the dates of service 06/07/02, 06/27/02, 07/11/02, 07/16/02, 08/06/02, 08/20/02, and 09/10/02. The carrier denied services as "G-The procedure code has been rebundled to a more comprehensive code that more accurately describes the entire procedure performed". Whether additional reimbursement is recommended for CPT code 97110 for the date of service 07/02/02, carrier denied services as "F-This procedure code is reimbursed based on the Medical Fee Guideline. If a fee schedule is not mandated the UCR allowance is reimbursed for the zip code area". Whether reimbursement is recommended for HCPCS code E0745 for the date of service 08/08/02, carrier denied services as "N-The documentation that was received does not provide enough detailed information to determine the appropriateness of the billed service/procedure".

II. RATIONALE

Requestor billed \$36.00 for CPT code 95851 carrier made no payment and denied services global for dates of service 06/07/02, 06/27/02, 07/11/02, 07/16/02, 08/06/02, 08/20/02, and 09/10/02. Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is not allowed when performed on the same date as an office visit. Therefore, reimbursement is not recommended.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.

Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the date of service 07/02/02.

HCPCs code E0745 for the date of service 08/08/02, was denied for documentation not providing enough detailed information to determine the appropriateness of the billed service/procedure. Submitted documentation for the date of service 08/08/02 meets documentation criteria supporting the prescription and instruction of the EMS unit. Therefore, based on the documentation submitted reimbursement is recommended in the amount of **\$399.00**.

III. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for HCPCs code E0745. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$399.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 8th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb